

“The information provided on this webpage is for informational purposes only and represents information that may be updated, changed, or not included in the final implementation of the local LIHP. This represents the most accurate information provided at this time and is subject to change during the authorization process. In addition, this does not include all entities that submitted letters of interest, but only the applications received as of this date. For the most up-to-date information please contact the applicant directly.”

# Low Income Health Program (LIHP) Application

## GENERAL INFORMATION

1. Applicant Name: Placer County Health and Human Services  
Address: 11484 B Avenue  
City: Auburn  
County: Placer  
Zip: 95603
2. Name of authorized official: Richard Burton, M.D., M.P.H.
3. Name of Contact: Mark Starr, D.V.M., M.P.V.M.  
Phone: 530-889-7287 Fax: 530-889-7198  
Email: mstarr@placer.ca.gov
4. Low Income Health Program (LIHP) Name:  
Placer County Low Income Health Program
5. Indicate the applicant type:  
☒ County                      ☐ City and County                      ☐ Health Authority  
☐ Consortium of counties serving a region consisting of more than one county.  
Identify each participating county member of the consortium.  
\_\_\_\_\_
6. Check the appropriate box for the program(s) under the LIHP to be implemented and the proposed date of program implementation. In determining this date, consider the estimated timeframes for application approval and authorization by DHCS. This implementation date must be approved before an authorized applicant may implement the program(s).  
☒ MCE                      Proposed implementation date. February 15, 2011  
☐ HCCI                      Proposed implementation date. \_\_\_\_\_  
For those applicants that are not proposing to implement a HCCI under the LIHP, check the appropriate box below.  
☐ Will not implement a HCCI. \_\_\_\_\_  
☒ Not planning to implement a HCCI at this time.

Note that a HCCI program can not be implemented if a MCE program is not implemented.

Refer to “Program Requirements”.\*

**\*Note that all the sections referenced in the application are in the Program Requirements and Application Process – Low Income Health Program document.**

## PROVIDER NETWORK

7. Check the appropriate box to indicate if the applicant’s delivery system(s) will be an open or closed network?

☐ Open ☒ Closed (Note: multiple hospitals and specialists involved in network)

**Note that an applicant’s closed network is considered a managed care delivery system for LIHP. This closed network is subject to all applicable Medicaid laws and regulations, except those expressly noted in the STCs or the expenditure authorities for the Demonstration.**

8. Will the applicant’s delivery system(s) include managed care organizations (MCOs), health-insuring organizations (HIOs), prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs) or primary care case management systems (PCCMs)?

☒ No ☐ Yes

If yes, check the box for those organizations that applicant anticipates including in the delivery system.

☐ MCOs ☐ HIOs ☐ PIHPs

☐ PAHPs ☐ PCCMs

9. Will the applicant’s delivery system(s) for mental health services be separate (carved out) from that of the applicant’s network? If yes, applicant must complete Attachment 7.

☐ No ☒ Yes (But psychiatrists and primary care physicians will continue to provide medication support in the primary care clinic setting – see Attachment 7)

Refer to “Provider Network Delivery System”.

## ELIGIBILITY AND ENROLLMENT

10. Indicate the proposed upper income limit for the applicable LIHP.

- MCE upper income limit at or below 100 percent of the FPL.
- HCCI upper income limit above 133 percent through N/A percent of the FPL.

**Note that the applicant should set an upper income limit that minimizes the need for implementing an enrollment cap for the MCE.**

**Refer to “Eligibility and Enrollment Requirements – Income Standards.”**

11. Indicate the non-binding estimates of enrollees by program year (PY). Only applicants with existing HCCI programs should complete the columns for existing enrollees:

Program Year	MCE Population		HCCI Population	
	Existing (Enrolled in the HCCI on 11/1/10)	New (Enrolled 11/2/10 or after)	Existing (Enrolled in the HCCI on 11/1/10)	New (Enrolled 11/2/10 or after)
PY 1	N/A	3200	N/A	N/A
PY 2	N/A	4000	N/A	N/A
PY 3	N/A	4100	N/A	N/A
PY 4	N/A	4200	N/A	N/A

**Refer to “Definitions.”**

12. Indicate below the projected expenditure level which will trigger an enrollment cap.

HCCI expenditure level N/A

MCE expenditure level estimated MOE + federal share = \$11,700,000

**Refer to “Eligibility and Enrollment Requirements – Income Standards and MCE Enrollment Requirements”.**

13. Check the appropriate box below and fill in for the proposed retroactive period where appropriate.

☒ MCE retroactive eligibility period will be 3 months. (1-3 mos.)

☐ MCE retroactive eligibility period will not be allowed.

☐ HCCI retroactive eligibility period will be N/A months. (1-3 mos.)

☐ HCCI retroactive eligibility period will not be allowed.

**Refer to “Eligibility and Enrollment Requirements.”**

## EXPENDITURE AND REIMBURSEMENT MECHANISM

14. Place a check mark in the appropriate column to indicate the anticipated reimbursement mechanism for each program year. The mechanisms can change from year to year but both methods (Fee-for-Service or actuarially sound capitated rate) can not be combined within the program.

### MCE Program

Program Year	Cost Based Payments Using CPEs	Actuarially Sound Capitated Rate	
		Non-federal Share Provided through IGTs	Non-federal Share Provided through CPEs paid to 3 <sup>rd</sup> party.
PY 1	√		
PY 2	√		
PY 3	√		
PY 4	√		

### HCCI Program

Program Year	Cost Based Payments Using CPEs	Actuarially Sound Capitated Rate	
		Non-federal Share Provided through IGTs	Non-federal Share Provided through CPEs paid to 3 <sup>rd</sup> party.
PY 1	N/A		
PY 2	N/A		
PY 3	N/A		
PY 4	N/A		

**Refer to “LIHP Funding Amounts and Requirements – Reimbursement Mechanisms.”**

15. Indicate in the appropriate column by program year the amount of anticipated total funds expenditures (TFEs) for each proposed program(s)

Note: TFEs as calculated by Placer County include health care and administrative costs. These can be determined separately later, if needed, when components of each have been defined by the state.

Program Year	MCE TFEs	HCCI TFEs	Total TFEs
PY 1	\$6,150,000	N/A	\$6,150,000
PY 2	\$11,700,000	N/A	\$11,700,000
PY 3	\$12,300,000	N/A	\$12,300,000
PY 4	\$6,300,000 (Note: PY 4 is 6 months)	N/A	\$6,300,000 (Note: PY 4 is 6 months)

Refer to “Definitions”.

16. HCCI Allocation Request: Indicate in the table below the requested allocation amount for federal funds. Only applicants with existing HCCI enrollees should complete the column for Existing HCCI Enrollee.

Refer to “LIHP Funding Amounts and Requirements - Allocation Process and Requirements.”

Program Year	New Enrollee HCCI Allocation	Existing HCCI Enrollee Allocation	Total
PY 1	N/A	N/A	N/A
PY 2	N/A	N/A	N/A
PY 3	N/A	N/A	N/A
PY 4	N/A	N/A	N/A

17. Complete attachments 1 through 8 as applicable. Indicate on the attachment if it is not applicable.

#### Acknowledgements:

The applicant:

- Will comply with program requirements, standards, and performance measurements pursuant to Welfare & Institutions. Code § 15909 *et seq.* and other applicable requirements, as set forth in the Special Terms and Conditions of the Demonstration.
- Asserts that this application was developed in collaboration and partnership with other county departments, including the county Departments of Mental Health, Social Services, and Health Services.

- Voluntarily agrees to provide the non-federal share of LIHP project expenditures in an amount to be determined by the applicant annually.

I hereby certify that I am authorized to submit this application on behalf of the applicant. On behalf of Placer County,

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Signature

Richard Burton, M.D., M.P.H.,

Health Officer and Director, Health and Human Services Department

Title

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Date

If unable to obtain approval from the County Board of Supervisors or other governing boards as appropriate, prior to submission of the application, indicate below the estimated date when the approval will be provided to DHCS.

Board of Supervisors approval is not required in Placer County in order to submit this application. Approval won't be required until we have a contract negotiated. Based on the LIHP timeline, we would plan to take the contract to our BOS for approval at their June 21, 2011 meeting.

(Please advise us if this won't meet DHCS needs.)

## **ATTACHMENT 1**

### **INCOME RULES FOR MCE ELIGIBILITY DETERMINATIONS**

Explain specific income rules that will be used for making eligibility determinations for the MCE program. Include income that will be exempted, deducted, disregarded when determining MCE income eligibility.

#### **Refer to “Eligibility and Enrollment Requirements.”**

The following guidelines outline the Medicaid Coverage Expansion Policy (MCE) for Placer County. These guidelines and procedures shall have an effective date of February 15, 2011.

It is the objective of this program to extend eligibility for medical assistance under Medicaid (Medi-Cal) to adults age 19 to 64 whose income is at or below 100% of the Federal Poverty Level as indicated in the Special Terms and Conditions (STC) for California’s Bridge to Reform section 1115(a) Medicaid Demonstration.

Portions of this document are referenced and adopted from the California Department of Health Care Services, Medi-Cal Regulations Manual, Title 22, CRR, Third Edition, 1994 as required per the California Bridge to Reform Demonstration 11-W-001939/9

Relevant sections of the MCE Policy Manual are excerpted below:

#### **2.1 Determinations (Waiver Pg 26)**

All eligibility determinations shall be made by authorized staff employed by the Placer County MCE Program. These employees will refer any applicant who may be eligible for either Medi-Cal or CHIP to the State or local government social services office for an eligibility determination. Any individual eligible for either Medi-Cal or CHIP is not eligible for enrollment into the MCE or HCCI program.

#### **5.6.8 Income (Medi-Cal Regulation 5167; Pg 54)**

##### **(A) Earned Income**

###### **(1) Wages**

(a) Pay check stubs.

(b) If pay check stubs are not available, a signed statement from the employer, person or organization verifying the amount and frequency of the payments shall be obtained.

###### **(2) Self Employment**

(a) Current Federal Tax Form 1040, including all required attachments.

(b) Current business records

##### **(B) Unearned Income**

###### **(1) Copy of Check**

(2) If copy of check not available, award letter, or signed statement from person or organization verifying the amount and the frequency of the payments shall be obtained.

##### **(C) Income In Kind**

(1) Written statement from the provider of the items of need.

##### **(D) Fluctuating Income**

(1) Pay check stubs.

(2) If pay check stubs are not available, a signed statement from the employer, person or organization verifying the amount and frequency of the payments shall be obtained.



## **5.7 Property & Resources (Waiver Page 2 – 3; All County Letter (ACL) 95-28)**

Placer County shall not require verification of any property.

## **5.8 Income (Medi-Cal Reg. #50501-50571, Pg 151-177)**

### **5.8.1 Income – General**

- (A) Income includes benefits in cash or in kind from:
  - (1) Labor
  - (2) Services provided.
  - (3) Business activities
  - (4) Returns from real or personal property
  - (5) Contributions
  - (6) Other similar sources.
- (B) Income from sources listed in (A) shall be considered as income only if it is currently available in accordance with Section 5.8.8 through 5.8.10.
- (C) Income for sources listed in (A) shall be divided into three types:
  - (1) Gross earned income as described in Section 5.8.2.
  - (2) Gross unearned income as described in Section 5.8.4.
  - (3) Income in kind as described in Section 5.8.6.

### **5.8.2 Gross Earned Income**

- (A) Gross Income includes:
  - (1) Wages, including amounts designated for meals provided by an employer or business enterprise, salaries, bonuses and commissions from an employer or business enterprise.
  - (2) Net profits from self employment as determined in accordance to Section 5.8.3.
  - (3) Earnings under the Title I of the Elementary and Secondary Education Act.
  - (4) Payments under the Job Training Partnership Act (JTPA). Payments which are identified by the local JTPA office as an incentive payment or training allowance shall be considered as gross unearned income.
  - (5) Payments under the Economic Opportunity Act
  - (6) Training incentive payments and work allowances under ongoing manpower programs other than WIN or JTPA
  - (7) Income received for having provided IHSS services.
  - (8) Net income from real or personal property as determined in Section 5.8.5 which is the result of continuous and appreciable effort on the part of the applicant or recipient.  
The includes income from:
    - (a) Room and board.
    - (b) The rental of rooms which requires daily effort on the part of the applicant or recipient.
    - (c) A business enterprise.
    - (d) The sale of produce, livestock, poultry, dairy products and other similar items.
  - (9) Earnings from public service employment.
  - (10) Actual Earned Income Tax Credit (EITC) payment received for taxable year 1980 and thereafter whether received as a tax refund or received as an advance payment.
  - (11) Tips actually received for the performance of work activities, notwithstanding the amount calculated by the employer for tax withholding purposes.
  - (12) Temporary worker's compensation payments which are:
    - (a) Employer Funded
    - (b) Made to an individual who remains employed during the recuperation from a temporary illness or injury pending his/her return to the job.
    - (c) Specifically characterized under State law as temporary wage replacements.
  - (13) State Disability Insurance Payments.

### **5.8.3 Net Profit from Self Employment**

- (A) The net profit from self employment shall be an estimation of the annual net income for the current year based on the federal tax return filed for the previous year as limited by (C).
- (B) If there is no tax return for the previous year or there is evidence that using the tax return would give an inaccurate estimation of income, Placer County shall use current business records. In this circumstance, net profit shall be determined in accordance with (D) and (E).
- (C) The following expenses, when used to determine annual net income on the federal tax return, shall not be deducted:
  - (1) Entertainment Costs.
  - (2) Depreciation.
  - (3) Purchase of capital equipment expenditures.
  - (4) Payments on the principal of loans for capital assets or durable goods.
- (D) Net profit of a self employed person shall be determined by subtracting from the gross business income, expenses which are directly related to the production of goods or services, and without which the goods or services could not be produced. Such expenses include, but are not limited to:
  - (1) Transportation costs to call upon customers or deliver goods
  - (2) Payments of the interest of loans for capital assets or durable goods
  - (3) Payments for rental of space or equipment.
  - (4) Wages and other benefits paid to employees.
  - (5) Material and supply costs.
  - (6) Maintenance and repairs costs.
- (E) Personal expenses such as income tax payments, lunches and transportation to and from work are not classified as a business expense and shall not be deducted.

### **5.8.4 Gross Unearned Income**

- (A) Gross unearned income includes:
  - (1) Retirement, survivors and disability insurance payments from the Social Security Administration (RSDI)
  - (2) Annuities, which are sums paid yearly or at other specific intervals in return for payment of a fixed sum by the annuitant.
  - (3) Pensions.
  - (4) Retirement Payments.
  - (5) Disability payments except for the State Disability Insurance benefits considered to be earned income under Section 5.8.2 (A) (13).
  - (6) Veterans payments which include:
    - (a) Pensions based on need.
    - (b) Compensation payments.
    - (c) Educational assistance.
  - (7) Worker's compensation payments, except for any amount determined to be unavailable in accordance with Section 5.8.9, and except for Temporary Workers Compensation payments considered to be earned income under Section 5.8.2 (A) (12).
  - (8) Railroad retirement and any other payments made by the Railroad Retirement Board.
  - (9) Unemployment Insurance Benefits.
  - (10) Proceeds from life insurance policies which are in excess of the lesser of:
    - (a) \$1,500.00
    - (b) The amount expended to the insured person's last illness and burial expenses.
  - (11) Other insurance payments.
  - (12) Loans which do not require repayment.
  - (13) Gifts.

- (14) Non exempt child/spousal support, whether provided voluntarily or by court order.
- (15) Inheritances which are in the form of cash, securities or other liquid assets.
- (16) Contributions from any source.
- (17) Prizes and awards.
- (18) Net income from the rental of real or personal property which is not considered gross earned income in accordance with Section 5.8.2 (A) (8).
- (19) Dividends.
- (20) Interest payments from a source including trust, trust deeds and contracts of sale.
- (21) Royalties, including but not limited to payments to a holder of a patent or copyright, for the use of the invention or to the owner of a mine, oil well, or similar holdings, for the extraction of the product or other use.
- (22) Income of a PA or Other PA recipient which is not used to determine the recipient's eligibility.
- (23) Incentive payments or training allowances under JTPA.
- (24) Any other income which is available to meet current needs in accordance to Section 5.8.8.
- (25) Any of the items specified in (10) through (24), if received in a lump sum payment.

#### **5.8.5 Net Income from Property**

(A) Net income from property shall be considered in determining eligibility and shall be computed as follows:

- (1) If the income is from rental of real property, subtract the following expenses, as limited by (B) from the gross income:
  - (a) Taxes and Assessments
  - (b) Interest on encumbrance payments. The principal portion of the payments shall not be deducted.
  - (c) Insurance.
  - (d) Utilities.
  - (e) Upkeep and repairs. The amount of this item shall be the greater of the following:
    - i. The actual amount expended for upkeep and repairs during the month
    - ii. Fifteen percent of the gross monthly rental plus \$4.17 per month.
- (2) If income is from the rental of rooms or the provision of board and room or board and care which does not require a business license, the net income shall be 10% of the gross amount received.
- (3) If the income is from the provision of board and room or board and care which requires a business license or from self employment, the net income is the net profit from self employment as determined in accordance with Section 5.8.3.
- (4) If the income is from a deed of trust or a mortgage, the net income is the market value of all mortgages and notes minus the principal amount remaining on the mortgage or note.
- (5) If the income is from property in which the person holds a life estate, the net income is the amount actually received.
- (6) If the income is from personal property, the net income is the amount actually received.
- (B) If the income is from the rental of unit(s) of a multiple unit dwelling or other dwelling on property that the applicant or recipient is living in a portion of the property, the expenses specified in (A) which are common to the property as a whole shall be prorated as follows:
  - (1) Determine the number of rooms in the building. If there is more than one building, determine the number of rooms in all of the buildings together. For the purpose of this section, rooms include any room other than the following:
    - (a) Bathroom.
    - (b) Hallway.
    - (c) Closet.
    - (d) Unfinished basement, loft or attic.
  - (2) Determine the number of rooms which are producing the rental income.

- (3) Based upon the number of rooms, determine the percentage of the property which is producing the rental income.
- (4) Apply the percentage determined in accordance with (3) to the expenses specified in (A) which are common to the property as a whole. This is the amount which shall be subtracted from the gross income.

#### **5.8.6 Income In Kind**

- (A) Income in kind is any support or maintenance received in kind from a person other than a responsible relative for:
  - (1) Housing.
  - (2) Utilities.
  - (3) Food.
  - (4) Clothing.
- (B) Income in kind shall be considered as income only if the entire item of need is provided.
- (C) The value of free board and lodging received during a temporary absence from the home shall be considered as follows:
- (D) If the absence is for one month or less, the income in kind value shall not be considered income.
- (E) If the absence is for more than one month, the income in kind value shall be considered income to the extent that it exceeds the actual costs of maintaining the home which the applicant or recipient will return.
- (F) Income in kind which is received as earned income shall be subject to earned income exemptions and deductions.
- (G) Income in kind which is received as unearned income shall be subject to unearned income exemptions and deductions.
- (H) Value of income in kind shall be the lesser of:
  - (1) The actual cost or net market value of the item or
  - (2) The income in kind amounts effective July 1, 1989 per ACWDL 89-58.

#### **5.8.7 Ownership of Income**

- (A) Except as specified in (B), income is considered to belong to the person who:
  - (1) Is named on a negotiable instrument
  - (2) Is given cash.
  - (3) Receives the income in kind.
- (B) In the case of a married couple, it shall be presumed that each spouse has a ½ half community property ownership interest in the total monthly gross earned and unearned income of both spouses providing all the following conditions exist:
  - (1) One spouse is in LTC and the other spouse is non institutionalized.
  - (2) There is no break in marital ties.
  - (3) The LTC spouse receives an amount of income which is greater than the amount of income received by the non institutionalized spouse.
- (C) The community property ownership presumption in (B) shall be rebuttable by either spouse who provides evidence that all or a portion of the total income is owned separately by one spouse.

#### **5.8.8 Availability of Income**

- (A) Only the income which is actually available to meet the needs of a person or family shall be considered in determining that person's or family eligibility.
- (B) Income shall be considered available in the month it is received unless it is:
  - (1) To be apportioned over time in accordance with Section 5.8.10.
  - (2) Unavailable in accordance with Section 5.8.9.
- (C) Income is considered to be received on the day it becomes available for use by the person.

### **5.8.9 Unavailable Income**

- (A) Income which is not available to meet current needs of a person or family shall not be considered in determining that person's or family's eligibility. Unavailable income includes, but is not limited to, the following:
- (1) That portion of Worker's Compensation and other public or private insurance settlements which is either of the following:
    - (a) Designated for medical, legal or other such expense.
    - (b) Not controlled by the applicant/recipient or person acting on their behalf.
  - (2) That portion of a contribution that is both of the following:
    - (a) From a person living in the household who has no legal responsibility to support, such as an unrelated adult or an adult child.
    - (b) Used to meet the actual cost of the contributor's share of the housing, utilities, food and other household costs. If actual costs are unavailable, the amounts specified in Section 5.8.6 (F) shall be used. This shall be the difference between the income in kind values for the family size with the person included and excluded.
  - (3) That portion of the monthly income of a medically needy person residing in a licensed board and care facility which is both of the following:
    - (a) Aid to the facility for residential care and support
    - (b) In excess of the appropriate maintenance need level as determined in accordance to ACWDL 89-68 dated August 22, 1989.
  - (5) An advance or a reimbursement from an employer to cover expenses necessary for job performance is unavailable to the extent that the advance or reimbursement does not exceed the actual out of pocket costs of the employee.

### **5.8.10 Apportionment of Income over Time**

- (A) Income shall be considered available in the month received, unless it is apportioned over time in accordance with the following:
- (1) Income earned and received in more than eight but less than 12 months under an annual contract of employment shall be apportioned equally over the period of the contract beginning with the first month of the contract.
  - (2) Income received more frequently than monthly or semi-monthly shall be converted to monthly income in accordance with (3) if both of the following conditions are met:
    - (a) The applicant/recipient wishes to receive Placer County MCE for more than two months.
    - (b) The applicant/recipient is to receive the income for a full month.
  - (3) Income shall be converted to monthly income by the following methods:
    - (a) Multiply weekly income by 4.33.
    - (b) Multiply income received every two weeks by 2.167.
  - (4) Income received less frequently than monthly shall be converted to monthly income by the following methods:
    - (a) Divide quarterly income by 3.
    - (b) Divide income received every two months by 2.
  - (5) Income from self employment, as determined in accordance with Section 5.8.3, shall be determined on an annual basis and apportioned monthly.
  - (6) Loans which do not require repayment and are not exempt in accordance with Section 5.8.12, and which specify that they are to cover a certain period of time shall be apportioned over that period.
  - (7) Interest income from a deed of trust or contract of sale shall be determined on an annual basis and apportioned monthly.
  - (8) Interest income which is received less frequently than monthly and is not exempt as specified in Section 5.8.12 (19), shall be apportioned as follows:
    - (a) Determine the number of months of the period during which the interest occurred.
    - (b) Divide the interest by the number of months in the interest period.

- (c) Consider the amount determined in (b) as income in each of the months of the next interest period.
- (B) Apportionment of income exemptions and deductions shall be apportioned over time using the procedures for apportioning income over time.

#### **5.8.11 Fluctuating Income**

- (A) Fluctuating income shall be determined by estimating the amount to be received in the month unless the conditions of (b) are met. This estimate shall be made considering all of the following:
  - (1) The income pattern over the last year.
  - (2) The actual income received in the last month.
  - (3) The applicant/recipient's statement of anticipated income.
- (B) Actual income shall be used if it is known at the time of the eligibility determination. In no instance shall the eligibility determination be delayed solely to determine the actual income.
- (C) The provisions of this section shall not apply to income from self employment which shall be determined in accordance with Section 5.8.3 and apportioned in accordance with Section 5.8.11 (A) (5).

#### **5.8.12 Exemptions and Deductions**

- (A) Certain items of earned and unearned income shall be exempt from consideration in determining MCE eligibility. The following shall be exempt.
  - (1) Property Tax Refunds - Refunds and rebates of taxes on real property.
  - (2) California Franchise Tax Board Payments - Refunds and rebates on real property shall be exempt income in the month received.
  - (3) Public Assistance and General Relief Grants.
    - (a) Public assistance cash grants shall be exempt.
    - (b) In addition to public assistance cash grants, the following cash payments from Placer County are exempt:
      - (i) Special circumstances payments provided to SSI/SSP recipient's pursuant to EAS regulations.
      - (ii) Emergency loans provided to SSI/SSP recipient's pursuant to EAS regulations.
      - (iii) General Relief or General Assistance payments.
      - (iv) Cash value of Food Stamps
      - (v) Immediate need payments provided to AFDC recipients pursuant to EAS 40-129.
  - (4) Work Incentive Program (WIN)
  - (5) Social Services
    - (a) Payments received for social services provided in accordance with Title XX of the Social Security Act shall be exempt, whether provided in kind or as a direct payment to the individual for purchase of designated services. Such services include, but are not limited to:
      - (i) In Home Support Services.
      - (ii) Child care.
      - (iii) Training and rehabilitation services, including payment for training expenses.
  - (6) Assistance Based on Need.
    - (a) Assistance based on need which is furnished by the State or any political jurisdiction thereof, as specified in (b), shall be exempt if the payment is all of the following:
      - (i) Made regularly on a periodic basis at least once a quarter or made to a specific group or class of individuals in similar circumstances or situations.
      - (ii) Made in cash, which may be currency or any negotiable instrument.

- (iii) Issued in an amount based on the need of the individual.
- (b) Assistance based on need includes payments from the following and similar sources:
  - (i) Short-Doyle.
  - (ii) Regional centers for the Developmentally Disabled.
  - (iii) Probation departments.
  - (iv) Payments made pursuant to public law, when the law specifically exempts such payment from eligibility determinations, shall be considered assistance based on need.
- (7) Federal housing Assistance
  - (a) Federal housing assistance in the form of rent subsidies, loans or partial house payments under the US Housing Act of 1937, the National Housing Act, Title V of the Housing Act of 1949 or the Housing and Urban Development Act of 1965 shall be exempt.
- (8) Foster Care Payments
  - (a) Payments from any source, received by a foster parent for the care of a foster child, shall be exempt except for:
    - (i) The portion of the payment designated by the county department for care and supervision, if such a designation is made.
    - (ii) Payments made to a foster care parent when a foster care child is temporarily absent from the home for a month or more.
    - (iii) Payments made to insure availability of a room or rooms for foster care children.
- (9) Loans, Grants, Scholarships and Fellowships
  - (a) The following loans, grants, scholarship and fellowships are exempt:
    - (i) Loans made under Title III of the Federal Economic Opportunity Act, Special Program to Combat Poverty in Rural Areas.
    - (ii) Loans or grants to an undergraduate student for educational purposes made or insured by the Federal Commission of Education. These include, but are not limited to:
      - (I) Supplemental Educational Opportunity Grant.
      - (II) National Direct Student Loans.
      - (III) College Work Study.
      - (IV) Basic Education Opportunity Grants (BEOG)
      - (V) Federal insured student loans.
    - (iii) Educational loans or grants to undergraduate students when it is verified that they are awarded on the basis of the student's need. These include, but are not limited to:
      - (I) Extended Opportunity Program loans and grants (EOP).
      - (II) Bureau of Indian Affairs loans and grants.
      - (III) California State Scholarships (Cal Grant A)
      - (IV) College Opportunity grants (Cal Grant B)
      - (V) Occupational, Educational Training grants (Cal Grant C)
    - (iv) Other loans, grants, scholarships or fellowships, or portions thereof, to undergraduate or graduate students if the following conditions apply:
      - (I) The loan, grant, scholarship or fellowship document specifically limits the use of the funds for the purpose other than current living costs.

The loan, grant, scholarship or fellowship would not be available if used for any purpose other than the one specified.

- (10) Payments to Victims of Crime
  - Payments made under the California Victims of Crimes Program shall be exempt as income in the month of receipt and shall not be considered unconditionally available.

- (11) Relocation Assistance Benefits  
Relocation assistance benefits shall be exempt if paid by a public agency to a person who has been relocated as a result of a program of area redevelopment, urban renewal, freeway construction or any public development involving demolition or condemnation of existing housing.
- (12) Disaster and Emergency Assistance Payments  
Disaster and emergency assistance payments, whether in cash or in kind regardless of the date of receipt, and any interest earned from such payments shall be exempt. This exemption applies only to such payments received from federal, state and local government agencies or disaster assistance organizations.
- (13) Payments to Victims of the National Socialist Persecution
  - (a) Payments received from the Federal Republic of Germany (German Reparations Payments) pursuant to the federal law on the Compensation of Victims of the National Socialist Persecution (Federal Compensation Law) as enacted on June 29, 1956 shall be exempt as income in the month received.
  - (b) Interest earned on German Reparations Payments shall not be exempt and shall not be exempt and shall be considered countable unearned income in the month received.
- (14) Federal Payments to Indians and Alaskan Natives.
  - (a) Payments made to Indians Under Public Law 90-507 shall not be considered income.
  - (b) Per capita payments made to Indians under Section 6 of Public Law 87-0755 and Public Law 92-254 shall be exempt.
  - (c) Per capita payments distributed pursuant to any judgment of the Indian Claims Commission of the Court of Claims in favor of any Indian Tribe are exempt.
  - (d) Per capita payments made to Alaskan Natives under the Alaskan Native Claims Supplement Act are exempt. Income obtained from stock investments under the Act is not exempt.
  - (e) Receipts derived from lands held in trust and distributed by the federal government to members of the following Indian Tribes are exempt:
    - (i) Bad River Band of the Lake Superior Tribe of Chippewa Indians of Wisconsin.
    - (ii) Blackfeet Tribe, Blackfeet, Montana.
    - (iii) Cherokee Nation of Oklahoma, Oklahoma.
    - (iv) Cheyenne River Sioux Tribe, Cheyenne River, South Dakota
    - (v) Crow Creek Sioux Tribe, Crow Creek, South Dakota.
    - (vi) Lower Brule Sioux Tribe, Lower Brule, South Dakota.
    - (vii) Devil's Lake Sioux Tribe, Fort Totten, North Dakota.
    - (viii) Fort Belknap Indian Community, Fort Belknap, Montana.
    - (ix) Assinboine Sioux Tribe, Fort Peck, Montana.
    - (x) Lac Courte Oreilles Band of Lake Superior Chippewa Indians, Lac Courte Oreilles, Wisconsin.
    - (xi) Keweenaw Bay Indian Community, L'Anse, Michigan.
    - (xii) Minnesota Chippewa Tribe, White Earth, Minnesota.
    - (xiii) Navajo Tribe, Navajo, New Mexico.
    - (xiv) Oglala Sioux Tribe, Pine Ridge, South Dakota.
    - (xv) Rosebud Sioux Tribe, Rosebud, South Dakota.
    - (xvi) Shoshone-Bannock Tribe, Fort Hall, Idaho.
    - (xvii) Standing Rock Sioux Tribe, Standing Rock, North and South Dakota
    - (xviii) Seminole Indians, Florida
    - (xix) Pueblo of Zia, Jemez, New Mexico
    - (xx) Stockbridge Munsee Indian Community, Wisconsin.
    - (xxi) Byrnes Indian Colony, Oregon.



- (15) VISTA Payments  
Payments made under the Domestic Volunteer Services Act of 1973 to VISTA volunteers are exempt.
- (16) Job Training Partnership Act (JTPA) Payments
  - (a) All earnings of a child which are derived from participation in JTPA programs shall be exempt for up to six months per calendar year. Other JTPA payments made to a child shall be exempt at all times.
  - (b) Payments, other than earnings, to an adult which are derived from participation in JTPA programs shall be exempt to the extent that the payment reimbursements do not exceed the adult's actual training expenses.
- (17) Executive Volunteer Programs  
Payments for supportive services or reimbursement of out of pocket expenses made to persons serving in the Service Corps of Retired Executives (SCORE) and the Active Corps of Executives (ACE) pursuant to Section 418 of Public Law 93-113 are exempt.
- (18) Senior Citizen Volunteer Programs  
Compensation received by applicants/recipients who are 60 years of age or older for volunteer services performed under the Retired Senior Volunteer Programs, the Foster Grandparents Program or the Older American's Community Service Program of the National Older American's Act, shall be exempt.
- (19) Irregular or Infrequent Income
  - (a) The first \$60 of casual or inconsequential unearned income per calendar quarter shall be exempt if either of the following conditions are met:
    - (i) The income is received not more than twice per quarter.
    - (ii) The income cannot be reasonably anticipated.
  - (b) Earned income not exceeding \$30 per calendar quarter shall be exempt if either of the following conditions are met.
    - (i) The income is received not more than twice per quarter.
    - (ii) The income cannot be reasonably anticipated.
- (20) Student Exemption
  - (a) All earned income, including earning from JTPA up to the six month's exemption pursuant to Section 5.8.12 (A) (16) has expired, of an MI child shall be exempt if the child is either of the following:
    - (i) A full time student.
    - (ii) A part time student with a school schedule that is equal to at least one half of a full time curriculum and the child is not employed full time.
  - (b) For purposes of this exemption the following definitions apply:
    - (i) School attendance means enrollment and attendance in a school, college, university or in a course of vocational or technical training designed to fit the child for gainful employment and includes participation in the Job Corps program under the Economic Opportunity Act.
    - (ii) Full time student means a student who has a school schedule equal to a full time curriculum, as defined by the school attended.
  - (c) The student exemption shall also apply to full or part time earnings between school terms or during vacation periods, if the child plans to continue school attendance during the next term or when the vacation period ends.
- (21) Earned Income Tax Credit  
The actual Earned Income Tax Credit (ATC EITC payment) shall be exempt as income whether received as a tax refund or an advanced payment.
- (B) Certain amounts of income shall be deducted from non exempt income to determine the net income to be used in determining eligibility. Income which remains after the application of the deductions shall be the net nonexempt income.
  - (1) Educational Expenses

- (a) Documented educational expenses for college or similar training courses which are incurred by the applicant/recipient shall be deducted either from any income received for educational purposes, as defined in (b), or from any loans received for education. Such educational expenses shall be apportioned over the period of time they are intended to cover to determine the monthly deduction. Documented expenses incurred by the applicant/recipient include any of the following items or service necessary for school attendance.
  - (i) Tuition.
  - (ii) Books.
  - (iii) Fees.
  - (iv) Equipment and supplies.
  - (v) Special clothing needs
  - (vi) Child care services.
  - (vii) Cost of transportation to and from school based on the mode most economically available and feasible in the particular circumstances. If it is determined that personal car usage meets the criteria, all actual transportation costs will be prorated based on the percentage of miles driven to and from school to total miles driven each month. Allowable transportation costs include, but are not limited to, car payments, car insurance, car registration and gasoline.
- (b) Income for educational purposes includes, but is not limited to :
  - (i) Exempt student loans, grants or fellowships, as identified in Section 5.8.12 (A) (9).
  - (ii) Non exempt student loans, grants or fellowships which do not require repayment.
  - (iii) Social Security and Veterans Administration payments to a child attending school which are based on a deceased or disabled parent's entitlement.
  - (iv) Veteran's Educational Assistance program payments (GI Bill)
  - (v) The applicant/recipient education expenses shall first be deducted from the totally exempt loans or grants identified in Section 5.8.12 (A) (9). Any remaining educational expenses shall be deducted from other loans for educational purposes and finally from other income received for educational purposes.
- (2) Work Expenses
  - (a) Ninety (\$90) dollars for mandatory deductions and work related expenses shall be deducted from the earned income of each MI person.
- (3) Dependent Care Expenses
  - (a) The amount as determined in accordance with (b) shall be deducted from the remaining earned income of an applicant/recipient when both of the following conditions exist:
    - (i) The person has reasonable and necessary costs of obtaining care for an incapacitated person in the MCE FBU.
    - (ii) Placer County determines that adequate dependent care cannot be provided by another member in the MCE FBU.
  - (b) The amount deducted in accordance with (a) shall be the actual amount paid as limited by the following:
    - (i) A maximum of \$175 per incapacitated person.
- (4) Court Ordered Alimony or Child Support
  - (a) Court ordered alimony or child support, or child support paid pursuant to an agreement with a district attorney, shall be deducted from the income of a applicant/recipient when it is actually paid by the applicant/recipient.
  - (b) The amount deducted shall be the lesser of the amount:
    - (i) Actually paid.
    - (ii) Specified in the court order or agreement with a district attorney.

- (5) Child/Spousal Support Received
  - (a) Fifty dollars (\$50) per month shall be deducted from the child/spousal support received by MCE family members, whether provided voluntarily or by court order, when received and due in the current month.
- (6) Income Used to Determine Public Assistance Eligibility of Another Family Member
  - That portion of the income of an applicant/recipient which is counted in determining the eligibility of a spouse, parent or child as PA or Other PA recipient shall be deducted.



**ATTACHMENT 3**  
**Add-on Health Care and Mental Health Services for MCE and HCCI.**

Indicate in the appropriate tables below any add-on services allowable under Section 1905(a) of the Social Security Act that the applicant proposes to provide in addition to the minimum core benefits, the mental health minimum benefits package for the applicable program, and the proposed date when the services will be implemented in the proposed program(s). Also indicate add-on substance abuse services separately.

**Refer to “Program Requirements - Health Care and Mental Health Services.”**

<b>Add-on Health Care Services</b>	<b>Proposed Implementation Date</b>	<b>MCE</b>	<b>HCCI</b>
No add on health care services			

<b>Add-on Mental Health Services</b>	<b>Proposed Implementation Date</b>	<b>MCE</b>	<b>HCCI</b>
These services would be added on only to those persons who met <b>medical necessity</b> based on acute and serious mental health conditions that were impacting their level of functioning:			
H2013 – Additional Hospitalization benefit	February 15, 2011	x	N/A
H0018 – Adult Crisis Residential	February 15, 2011	x	N/A
T1017 – Targeted Case Management	February 15, 2011	x	N/A
90887 – Collateral	February 15, 2011	x	N/A
H2017 – Rehabilitation	February 15, 2011	x	N/A
H0032 – Plan Development	February 15, 2011	x	N/A
H0019 – Adult Residential	February 15, 2011	x	N/A



## ATTACHMENT 4 LIHP COST-SHARING

Specify any cost sharing that will be imposed by service. If cost sharing is imposed, also explain how the aggregate cost will be limited to five percent per family.

### Refer “Program Requirements – Cost Sharing Requirements.”

MCE:

*Placer County will limit enrollees of MCE to a five percent aggregate sharing limit per family as referenced in the chart below.*

<i><b>Income Population</b></i>	<i><b>Premium or Enrollment Fee</b></i>	<i><b>Cost Sharing (except drugs)</b></i>	<i><b>Prescription Drug Cost Sharing</b></i>	<i><b>Aggregate Limit (monthly or quarterly)</b></i>
Individuals with family income at or below 100% of poverty	Not permitted	Cannot exceed nominal amount listed below	Both preferred and non-preferred drugs: Cannot exceed nominal amount listed below	5%

<b>Payment for Service/Item</b>	<b>Nominal Cost Sharing Amounts (FFY 2009 – subject to annual adjustment)</b>
\$10.00 or less \$ .60	\$0.60
\$10.01 to \$25.00	\$1.15
\$25.01 to \$50.00	\$2.30
\$50.01 or more	\$3.40

HCCI: N/A

**ATTACHMENT 5**  
**LIHP NETWORK ADEQUACY**

Complete the table below with the number of primary, specialty, and emergency care providers by type to describe your proposed provider network for the LIHP. Add other types of providers to the table below as needed. Approved applicants will be asked to provide additional information to determine network adequacy and access at a later date before authorized to implement the LIHP.

**Refer to “Provider Network Delivery System.”**

<b>Provider Type</b>	<b>Number of Primary Care Providers</b>	<b>Number of Specialty Care Providers</b>	<b>Number of Emergency Care Providers</b>	<b>Other Providers</b>
<b>Physician (outpatient)</b>	<b>5</b>	<b>74</b>	<b>18</b>	
<b>Non-Physician Medical Practitioner</b>	<b>7</b>		<b>4</b>	
<b>Pharmacist</b>				<b>8</b>
<b>Clinic</b>				<b>1</b>
<b>FQHC</b>				<b>0</b>
<b>Hospital</b>				<b>3</b>
<b>Physician hospitalists (inpatient)</b>	<b>15</b>			

Provide the anticipated ratio of primary care physicians to MCE enrollees 1:800 (PY 2, outpatient only)

Provide the anticipated ratio of primary care physicians to HCCI enrollees N/A



## Alternative Access Standards

Describe any geographic areas served by the LIHP that are eligible for alternative access standards. Attach a map to the application to illustrate these geographic areas. All geographic areas meet the standards for access to care

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## **ATTACHMENT 7**

### **MENTAL HEALTH SERVICES DELIVERY SYSTEM AND REIMBURSEMENT MECHANISM**

If the applicant's delivery system(s) for mental health services is separate (carved out) from that of the applicant's provider network, please describe the delivery system and the reimbursement mechanism for these services. If unable to provide this information with the application, indicate the date that it will be submitted to DHCS.

#### **Refer to "Provider Network Delivery System."**

While managed by a separate part of the Health and Human Services Department, and technically carved out, we view these services as integrally connected to the medical system of care along with all the other specialty services. Placer County has already embedded mental health and treatment services in primary care. We intend to expand the model for integrated service delivery already in place much further through this initiative.

Persons with mental illness will be assessed and provided services whenever possible within the primary care setting. The primary care setting will establish the medical home and will always be responsible for the coordination of care and specialty care including mental health. Primary care will have access to an established provider network for out client behavioral health services for brief individual and group therapy as determined to be medically necessary.

Specialty mental health services will be provided to those persons who are unable to receive mental health care in a primary care setting due to the acute or severe nature of their mental illness. These persons will receive their care provided or coordinated through the Division of Adult System of Care which provides a range of services for acute care and stabilization of persons with mental illness. Services include in patient psychiatric services, crisis residential treatment (a step down from in patient), and outpatient psychiatric services for stabilization and transfer back to primary care as appropriate.

Specialty mental health services will be prioritized to those with the most serious and persistent mental illness. For persons with less serious and disabling mental conditions the following services will be provided:

- Immediate crisis intervention to any person resident at risk of harming themselves and/or others, or gravely disabled due to a mental condition.
- Brief evidence based group treatment
- Referral and or return to primary care for psychiatric medications for non urgent and less complicated conditions

Those with more disabling conditions psychiatric services to receive:

- Least restrictive community treatment
- Longer term services based in recovery principles and psychosocial rehabilitation practices
- Level of care service model with a provision of an array of services matched to individuals choice and need

## **ATTACHMENT 8**

### **LIHP ELIGIBILITY AND ENROLLMENT SYSTEM**

Fully describe the manner in which the LIHP will process, screen and determine eligibility; and enroll eligible applicants into the LIHP. If appropriate, include in the description the use of any electronic and/or web-based system(s), any eligibility and/or enrollment software product(s) used for processing applications, screening, eligibility determinations, and case management and how such systems/products ensure consistent eligibility determinations. Also include, if warranted, the roles and responsibilities of the county department of health services and social services in eligibility determinations for LIHP enrollees. If unable to provide this information with the application, indicate the date that it will be submitted to DHCS.

#### **Refer to “Eligibility and Enrollment Requirements.”**

The following guidelines are excerpted from the Medicaid Coverage Expansion Policy (MCE) for Placer County. These guidelines and procedures shall have an effective date of February 15, 2011.

It is the objective of this program to extend eligibility for medical assistance under Medicaid (Medi-Cal) to adults age 19 to 64 whose income is at or below 100% of the Federal Poverty Level as indicated in the Special Terms and Conditions (STC) for California’s Bridge to Reform section 1115(a) Medicaid Demonstration.

To ensure consistent eligibility determinations and case management Placer County will continue to utilize the Service Management Access Resource Tracking (SMART) computer program system currently used in the administration of the county’s medically indigent program.

Portions of this document are referenced and adopted from the California Department of Health Care Services, Medi-Cal Regulations Manual, Title 22, CRR, Third Edition, 1994 as required per the California Bridge to Reform Demonstration 11-W-001939/9

## **2. ADMINISTRATIVE GUIDE LINES**

### **2.1 Determinations (Waiver Pg. 26)**

All eligibility determinations shall be made by authorized staff employed by the Placer County MCE Program. These employees will refer any applicant who may be eligible for either Medi-Cal or CHIP to the State or local government social services office for an eligibility determination. Any individual eligible for either Medi-Cal or CHIP is not eligible for enrollment into the MCE or HCCI program.

### **2.4 Application Date (Medi-Cal Regulation #50151; Pg. 43)**

The date of application for a person applying for Placer County MCE shall be the date the completed application form is received by the Placer County MCE Program.

### **2.5 Beginning Date of Eligibility (Medi-Cal Regulation #50701; Pg. 191)**

The beginning date of eligibility for Placer County MCE for persons who apply shall be the first day of the month of the application, providing the person meets the citizenship, residency, linkage and financial eligibility criteria. For persons who do not meet these eligibility criteria during the month of application, the beginning date of eligibility shall be the first day of the first month in which the above specified eligibility criteria are met.

### **2.6 Period of Eligibility (Medi-Cal Regulations #50703; Pg. 191-192)**

- (A) The period of eligibility for Placer County MCE for persons eligible shall begin with the dates specified in Section 2.4 and shall continue through each successive month during which the person is determined to be eligible.
- (B) The final date of eligibility shall be established when Placer County determines that the person or family will no longer meet all eligibility requirements as of the first of the following month. The final date shall be the last day of the:
  - (1) Current month, if the discontinuance is not an adverse action.
  - (2) Current month, if the discontinuance is an adverse action and the ten (10) day advance notice requirements of Section 2.7 will be met in the current month.
  - (3) Following month, if the discontinuance is an adverse action and the ten (10) day advance notice requirements will not be met in the current month.

## **2.7 Notices of Action (Medi-Cal Regulations #50179 – Pg. 65)**

- (A) Placer County shall notify applicants/recipients in writing of their MCE eligibility or ineligibility, and of any changes made in their eligibility status or share of cost. This notification shall be called the 'Notice of Action'.
- (B) The Notice of Action shall be on a form prescribed by Placer County and shall include the name and telephone number of the eligibility worker who completed the eligibility determination, and the date the form was completed. A copy of the Notice of Action shall be placed in the case file or electronically document imaged into the SIRE program.
- (C) The Notice of Action shall include the following:
  - (1) The approval, denial or discontinuance of eligibility, the rescission of denial or discontinuance and the effective date of action.
  - (2) The amount of the net nonexempt income used to determine eligibility.
  - (3) The reason an action is being taken and the law or regulation that requires the action, if the action is a denial or discontinuance.
  - (4) The right to request an administrative hearing if dissatisfied with:
    - (a) Any action or inaction by Placer County that affects the applicant's or recipient's eligibility, except as limited in Section 8.9.2(A).
    - (b) Any action taken by, or on behalf of, Placer County that affects the applicant's or recipient's MCE benefits.
  - (5) The procedures for requesting an administrative hearing and the time limits within which an administrative hearing must be requested.
  - (6) The circumstances under which aid will be continued if an administrative hearing is requested.
  - (7) A statement, when appropriate, regarding the information or action necessary to reestablish eligibility.
- (D) The Notice of Action shall be mailed for:
  - (1) Adverse actions, at least ten (10) calendar days prior to the first of the month in which the action becomes effective, excluding the date of mailing.
  - (2) Discontinuances which are not adverse actions, in sufficient time to reach the applicant/recipient by the effective date of the action.
  - (3) All other instances, no later than the date Placer County takes the action.
- (E) Conditional notices, which advise applicants or recipient's that eligibility will be denied or disenrolled unless specified actions are taken by the applicant or recipient, shall not be considered to meet the Notice of Action requirements of (A).

## **2.8 Retroactive Eligibility (Medi-Cal Regulations #50148; Pg. 42 and Waiver Page 27 item 61)**

- (A) An MCE applicant shall be eligible for MCE in any of the three months immediately preceding the month of application or reapplication if all of the following requirements are met.
  - (1) Placer County determines the applicant would have been eligible to MCE in the month requested.
  - (2) The applicant received health services.

- (3) The applicant was not previously denied MCE for the month in question, unless the application was denied for one of the following reasons:
  - (a) County error.
  - (b) The applicant's failure to cooperate, when that failure, or the applicant's subsequent failure to reapply, was due to circumstances beyond the control of the applicant.
- (B) A person applying for retroactive MCE shall:
  - (1) Submit a completed application to Placer County, if the application is for retroactive coverage only.
  - (2) Request retroactive coverage in one of the following ways if the request for retroactive MCE is made in conjunction with, or after, application for MCE:
    - (a) On the application form.
    - (b) By submitting a written request.

## **5. PROGRAM REQUIREMENTS**

### **5.1 Person Who May Apply (Medi-Cal Regulation # 50143; Pg. 40)**

- (A) Any person who wishes to receive Placer County MCE may file an application. If the applicant for any reason is unable to apply on his/her own behalf, any of the following persons may file the application for the applicant.
  - (1) The applicant's guardian, conservator or executor.
  - (2) A person who knows of the applicant's need to apply.
  - (3) A public agency representative.

### **5.2 Persons Who May Complete and Sign the Statement of Facts (Medi-Cal Regulation #50163; Pg. 49)**

- (A) The applicant or spouse of the applicant shall complete and sign the Statement of Facts, unless:
  - (1) A child is applying on his or own behalf in accordance of Medi-Cal Eligibility Regulation 501.47.1(a)
  - (2) The applicant has a conservator, guardian or executor. In this case, the conservator, guardian or executor shall complete and sign the Statement of Facts.
  - (3) The applicant is incompetent, in a comatose condition, or suffering from amnesia, and there is no spouse, conservator, guardian or executor. In this case:
    - (a) The county department shall evaluate the applicant's circumstance and determine whether or not there is a need for protective services and eligibility to Medi-cal.
    - (b) If not eligible to Medi-cal, the Statement of Facts may be completed and signed on the applicant's behalf by a relative, a person who has knowledge of the applicant's circumstance, or a representative of a public agency or county department.
    - (c) The person completing the Statement of Facts on behalf of the applicant shall provide all available information required on the Statement of Facts regarding the applicant's circumstances.
    - (d) If a county department representative completes and signs the Statement of Facts, another representative of that county department shall:
      - i. Confirm, by personal contact, the applicant's inability to act on his behalf.
      - ii. Countersign and approve any recommendations for eligibility.

### **5.3 Screening and Application Processing**

- (A) Medi-Cal and CHIP Eligibility (Waiver Section 58 – Pg. 24)

- (1) Applicants must first be reviewed for eligibility to Medi-Cal and CHIP before granting eligibility to Placer County MCE. If applicant is eligible to Medi-Cal or CHIP, the applicant is not eligible to Placer County MCE.
  - (2) If Placer County has reason to believe the applicant may be eligible to Medi-Cal, documentation that the applicant has completed all of the Medi-Cal application requirements will be necessary before Placer County MCE will be granted. If the Medi-Cal eligibility remains contingent upon the applicant submitting any of the documentation required by the California Department of Health Care Services or Placer County, Placer County MCE eligibility shall not be granted. However, a denial of Medi-Cal is not required prior to granting Placer County MCE. Placer County MCE will provide medical services to applicants/recipients pending any decision by the California Department of Health Care Services or Placer County regarding Medi-Cal eligibility.
- (B) Other Benefits  
An applicant must apply for all other benefits that may be available to him/her. The applicants must also advise Placer County MCE of any potential benefits that may be available to the applicant.
- (C) Unconditionally available income. (Medi-Cal Regulation #50186; Pg. 72)
- (1) An applicant/recipient shall, as a condition of Placer County MCE eligibility, take all actions necessary to obtain unconditionally available income. This includes applying for such income and cooperating in supplying the information requested by the agency making the award determination.
  - (2) Income shall be considered unconditionally available if the applicant/recipient has only to claim or accept the income. Such income includes, but is not limited to:
    - a. Disability insurance benefits.
    - b. Benefits available to veterans of military service.
    - c. RSDI benefits.
    - d. Unemployment benefits.
  - (3) Public assistance benefits shall not be considered unconditionally available income.
  - (4) Only the person who refuses to apply for and accept unconditionally available income shall be rendered ineligible by such refusal.
- (D) Maintenance Income Levels (Wavier Section 58iiA – Pg. 25)  
Maintenance levels will be 100% of the Federal Poverty Level and will be updated from year to year as determined by the California Department of Social Services. There will no coverage for applicants whose income exceeds this level.
- (E) Age Requirements (Wavier Section 58iiA; Pg. 25)  
Placer County MCE Program covers applicants/recipients aged 19 – 64.
- (F) Eligibility Determination (Medi-Cal Regulation #50173; Pg. 62)
- (1) Placer County shall determine the person's or family's eligibility after the applicant has applied, completed the MCE Statement of Facts, and provided all essential information.
  - (2) If applicant/recipient is eligible one (1) day of the month, they are eligible for the entire month.
- (G) Promptness Requirement (Medi-Cal Regulation#50177- Pg. 65)
- (1) Placer County shall complete the determination of eligibility as quickly as possible but not later than forty-five (45) days following the date of application, reapplication or request for restoration is filed.
  - (2) The forty-five (45) day period maybe extended for any of the following reasons:
    - (a) The applicant, the applicant's guardian, or other person acting on the applicant's behalf, has for good cause, been unable to return the completed Statement of Facts, Supplement to Statement of Facts for Retroactive Coverage , or necessary verifications in time for Placer County to meet the promptness requirement.

- (b) There has been a delay in the receipt of reports and information necessary to determine eligibility and the delay is beyond the control of either the applicant or Placer County.
- (3) The determination of eligibility shall be considered complete on the date the Notice of Action is handed to or mailed to the applicant.
- (4)

## **5.4 Citizenship & Identity, Immigration Status, Undocumented Aliens and Residency**

### **5.4.1 Citizenship & Identity and Immigration Status (Medi-Cal Regulation#50301; Pg.97)**

- (A) To be eligible for Placer County MCE, an applicant/recipient shall be a Placer County resident who is one of the following:
  - (1) A citizen of the United States
  - (2) A national of the United States from American Samoa or Swain's Island
  - (3) An alien who has been lawfully admitted to the United States for permanent residence. This category includes "conditional permanent residents" who have been granted a two-year lawful admission for permanent residence in accordance with Section 216 of the Immigration and Nationality Act ( 8 USC 1186a)
  - (4) An alien permanently residing in the United States under color of law (PRUCOL).
  - (5) An amnesty alien (lawful temporary resident or lawful permanent residence) whose status has been adjusted in accordance with Section 210, 210A or 245A of the Immigration and Nationality Act (8 USC Section 1160,1161 or 1255a) if the alien meets the following condition:
    - (a) More than five years has elapsed since the date the alien was granted lawful temporary resident status. The date of granting is the date the alien filed his or her application for lawful temporary resident status.
- (C) United States citizens and United States nationals are required to provide documentary evidence of citizenship and identity per the Federal Deficit Reduction Act of 2005 (DRA).

### **5.4.2 Undocumented Aliens**

Undocumented aliens are not eligible to Placer County MCE.

### **5.4.3 Residency**

All recipients must be a Placer County resident. An applicant must be able to establish physical presence and the intent to permanently reside in Placer County. The applicant will be required to substantiate their intent by providing verification.

## **5.5 Other Health Insurance (Waiver Page 2-3)**

Placer County MCE is only available to uninsured individuals. Applicants/recipients with other health insurance, except for Veterans Administration (VA) insurance, are not eligible to Placer County MCE.

## **5.6 Verification**

Applicants must, within their capability, furnish all necessary information to verify eligibility.

### **5.6.1 Citizenship (Medi-Cal ACWDL 07-12)**

- (A) Citizenship shall be verified by viewing an original copy of the following:
  - (1) United States Public Birth Record Issued before age 5
  - (2) United States Passport issued without limitation, current or expired.
  - (3) Certificate of Naturalization
  - (4) Certificate of Citizenship
  - (5) Certification of Report of Birth (Form DS-1350)
  - (6) Certification of Birth Issued by the Department of State (Form FS-545 or DS-1350)
  - (7) Report of Birth Abroad of a United States Citizen (Form FS-240)



- (8) United States Citizen Identification Card (Form I-197 or I-179)
- (9) American Indian Card (Form I-872)
- (10) Northern Mariana Identification Card (Form I-873)
- (11) Final Adoption Decree showing United States place of birth.
- (12) Evidence of civil service employment by the United States Government showing employment before 6/1/1976.
- (13) United States Military Record showing United States place of birth.
- (14) Extract of a Hospital Record on Hospital Letterhead established at the time of birth showing United States place of birth and must have been created at least 5 years prior to the Placer County MCE application.
- (15) Life or Health Insurance or Other Insurance Record showing United States place of birth and must have been created at least 5 years prior to the Placer County MCE application.
- (16) Federal or State Census Record showing United States citizenship or a United States place of birth and must show the applicant's age. (Generally these are for persons born between 1900-1950)
- (17) Seneca Indian Tribal Census Record showing United States citizenship or United States place of birth and must have been created 5 years prior to the Placer County MCE application.
- (18) Bureau of Indian Affairs Tribal Census Record of the Navajo Indians showing United States place of birth and must have been created 5 years prior to the Placer County MCE application.
- (19) United States State Vital Statistics Official Notification of Birth Registration showing United States place of birth and must have been created 5 years prior to the Placer County MCE application.
- (20) Amended United States Public Birth Record, amended more than 5 years after the person's birth showing United States place of birth and must have been created 5 years prior to the Placer County MCE application.
- (21) Statement Signed by the Physician at the time of birth showing United States place of birth and must have been created 5 years prior to the Placer County MCE application.
- (22) Institutional Admission Papers from a Nursing Facility, Skilled Care Facility or Other Institution showing United States place of birth and must have been created 5 years prior to the Placer County MCE application.
- (23) Medical Clinic, Doctor or Hospital Record excluding immunization records showing United States place of birth and must have been created 5 years prior to the Placer County MCE application.
- (24) Written Affidavit may only be used in rare circumstances. An affidavit by at least two (2) individuals of whom one is not related to the applicant/recipient and who have personal knowledge of the event(s) establishing the applicant's/recipient's claim of citizenship. The person(s) making the affidavit must be able to prove his/her own citizenship and identity for the affidavit to be accepted. A second affidavit from the applicant/recipient or other knowledgeable individual explaining why documentary evidence does not exist or cannot be readily obtained must also be obtained.

**5.6.2 Alien Lawfully Admitted for Permanent Residence. (Medi-Cal Regulation #50301.2; Pg. 98)**

- (A) An Alien Registration Receipt Card (INS Form I-551 or earlier Forms I-151 or AR-3a)
- (B) An Arrival/Departure Record (INS Form I-94) or foreign passport with a special stamp showing that the Alien Registration Receipt Card (INS Form I-551) will be issued.
- (C) An INS Form I-181b notification letter issued in connection with an INS- Form I-181, Memorandum of Creation of Record of Lawful Permanent Residence, which shows that an Alien Registration Receipt Card (INS Form I-551) will be issued.
- (D) A Permit to Re-Enter the United States (INS Form I-327)

- (E) A letter from the Canadian Department of Indian Affairs, a birth or baptismal record issued on a Canadian Indian reservation or tribal or school records which establish that an American Indian born in Canada is of at least one-half American Indian ancestry.
- (F) An individual Fee Registration Receipt (INS Form G-711) for replacement of a lost, stolen or unreadable alien registration or alien admission documentation listed in this section.

**5.6.3 Alien Permanently Residing in the United States under Color of Law (PURCOL) (Medi-Cal Regulation# 50301.3; Pg. 99-100)**

- (A) Aliens admitted to the United States before April 1, 1980 in accordance with the Immigration and Nationality Act (INA) Section 203(a) (7) (8 USC 1153(a)) (7): Must prove an Arrival/Departure Record, INS Form I-94 annotated "Refugee –Conditional Entry".
- (B) Aliens paroled into the United States for an indefinite period including Cuban-Haitian Entrants and Public Interest-Humanitarian Parolees: must provide INS Form I-194, with notating that the alien has been paroled into the United States pursuant to INA Section 212(d) (5) (8 USC 1182(2) (5)) or stamped 'Cuban-Haitian Entrant (Status Pending "Reviewable January 15, 1981. Employment Authorized until January 15, 1981".
- (C) Aliens subject to an Order of Supervision: INS Form I-220B.
- (D) Aliens granted an indefinite stay of deportation: INS Form I-94 or a letter from INS showing this status.
- (E) Aliens granted an indefinite voluntary departure: INS Form I-194 or a letter from the INS showing this status.
- (F) Aliens on whose behalf an INS Form I-130 (Petition to Classify Status of Alien Relative for Issuance of Immigrant Visa) has been filed, with their families covered by the petition, who are entitled to voluntary departure but whose departure INS does not contemplate enforcing: INS Form I-94 showing this status or Alien Voluntary Departure Notice, INS Form I-210.
- (G) Aliens who have filed applications for adjustment to be lawfully admitted for permanent residence status that INS has accepted as 'properly filed': An INS Form I-181 Memorandum of Creation of Record of Lawful Permanent Residence and INS Form I-94 (Arrival/Departure Record) stamped I & NA Section 245 Applicant, or a Properly Endorsed United States Passport.
- (H) Aliens granted a stay of deportation for a specific period by court order, statute or regulation, or by individual determination of INS in accordance whose departure INS Section 106 (8 USC 1105a) or relevant INS Operating Instruction and whose departure INS does not contemplate enforcing: INS Form I-94, a letter from INS, or an order issued by a District Director of INS, the Executive Office of Immigration Review, or a federal court.
- (I) Aliens granted asylum in accordance with INA Section 208 (8 USC 1158): INS Form I-94 and a letter from the INS showing this status.
- (J) Aliens admitted as refugees since April 1, 190: Arrival/Departure Record, INS Form I-94, annotated: "Admitted as Refugee Pursuant to Section 207 of the Immigration and Nationality Act" or an unexpired Refugee Travel Document, INS Form I-571.
- (K) Aliens granted voluntary departure, whose departure INS does not contemplate enforcing: INS I-94 showing this status or Alien Voluntary Departure Notice, INS Form I-210 bearing a departure date.
- (L) Aliens in deferred action status pursuant to INS operating instructions: Alien Voluntary Departure Notice, INS Form I-210 or a letter from INS showing this status.
- (M) Aliens who have applied for an adjustment of status from undocumented alien to alien lawfully admitted for permanent residence in accordance with INA Section 249 (8 USC 1259) on the basis of having entered and continuously resided in the United States since before January 1, 1972: Individual Fee Register Receipt, INS Form G-711 and the Interview Appointment Letter, INS Form I-468.
- (N) Aliens who have been granted suspension of deportation in accordance with INA Section 244 (8 USC 1254) whose departure INS does not contemplate enforcing: Arrival/Departure Record, INS Form I-94 and an order issued by the Executive Office of Immigration Review.

- (O) Aliens who deportation is being withheld in accordance with INA Section 243(h) ( 8 USC 1253 h)): Arrival/Departure Record, INS Form I -94 and an order issued by the Executive Office of Immigration Review.
- (P) Citizens of the Republic of the Marshall Islands or the Federated States of Micronesia who, in accordance with 48 USC Section 1681 through 1695, may live, work or study in the United States without restrictions: Arrival/Departure Record, INS Form I-94 annotated "CFA/MIS" or "CFA/FSM:".
- (Q) Aliens granted extended voluntary departure for a specified time due to conditions in their home countries: Arrival/Departure Record, INS Form I-94 showing this status or Alien Voluntary Departure Notice, INS Form I-210.
- (R) Aliens whose INS documents have been lost or stolen or are unreadable: An Individual Fee Register Receipt (INS Form G-711) which shows the person has applied for replacement of a lost, stolen or unreadable alien registration of alien admission document listed in this section.
- (S) Aliens living in the United States with the knowledge and permission of INS whose departure that agency does not contemplate enforcing: INS Documents with establish these facts.

#### **5.6.4 Amnesty Alien (Medi-Cal Regulation#50301.4 – Pg. 100)**

- (A) Aliens whose status has been adjusted in accordance with Immigration and Nationality Act, Sections 210, 210A or 254A ( 8 USC Sections 1160, 11161 or 1255a) who are applying for full Medi-Cal benefits shall present one of the following INS documents:
  - (1) Aliens granted lawfully temporary resident status resident status: Temporary Residence Card, INS Form I-688.
  - (2) Aliens granted lawful permanent resident status: Alien Registration Receipt Card, INS Form I-551 or an INS Form I-688 with a sticker on the back which reads "Temporary Evidence of Lawful Admission for Permanent Residence and Employment Authorization. Valid one year from the expiration date on the reverse of this I-688... Form I -688 Ext."
  - (3) Aliens whose INS documents have been lost or stolen or are unreadable: An Individual Fee Register Receipt (INS Form G-711) which shows the person has applied for replacement of a lost, stolen or unreadable I-688 or I -551.
  - (4) Aliens who were issued an I-688 extension sticker which subsequently was lost or stolen or which became unreadable: An I-94 (Arrival/Departure Record) with a stamp: "Processed for I-551. Temporary Evidence of Lawful Admission for Permanent Residence. Valid until \_\_\_\_\_". (The expiration date is one year from the date lawful permanent resident status was granted.)

#### **5.6.5 Residency (Medi-Cal Regulation#50320.1; Pg. 104)**

- (A) Rent receipts/agreements, mortgage statements, utility bill, or income in kind statement in the applicant's name bearing the current address of the applicant.
- (B) A current and valid California motor vehicle drivers license or identification card in the applicant's name bearing the current address of the applicant.
- (C) A current and valid California motor vehicle registration in the applicant's name bearing the current address of the applicant.
- (D) A document showing the applicant is employed in Placer County.
- (E) A document showing that the applicant is registered with a public or private employment service in Placer County.
- (F) Evidence that the applicant is receiving other public assistance in Placer County.
- (G) The applicant declares under penalty of perjury, that all of the following apply
  - (1) The applicant does not maintain a principal residence outside Placer County.
  - (2) The applicant is not receiving public assistance outside of Placer County. As used in this section, 'public assistance' does not include unemployment insurance benefits.
    - (a) If an applicant, including but not limited to homeless person declares under penalty of perjury, that he or she does not have one of the residency verification documents required in 5.7 (A) – (G), the county shall accept a

sworn statement that applicant is a Placer County resident and has the intent to reside permanently in Placer County.

**5.6.6 Identity (Medi-Cal Regulation # 50167 – Pg. 52 & ACWDL 07-12))**

- (A) Identity shall be verified by viewing an original copy (even if expired) one of the following:
- (1) Driver's License issued by a United State or Territory with a photograph or other identifying information.
  - (2) School Identification Card with a photograph.
  - (3) United States Military Identification card or draft record.
  - (4) Federal, State or local government Identification card with same identifying information as a driver's license.
  - (5) United States Military Dependent Identification Card
  - (6) A United States Passport issued without limitation.
  - (7) Certificate of Degree of Indian Blood or other United States American Indian/Alaska Native tribal document.
  - (8) United States Coast Guard Merchant Mariner Card

**5.6.7 Social Security Card (Medi-Cal Regulation #50169; Pg. 61)**

- (A) Social Security Numbers shall be verified by viewing one of the following
- (1) Social Security Card
  - (2) Evidence of application for a Social Security Number.

**6. REDETERMINATION** (Waiver Pg. 26 and 27)

- (A) Recipients enrolled in Placer County MCE shall have an eligibility redetermination at once every six months but no less than once every 12 months.
- (B) The eligibility redetermination will not be more restrictive during the redetermination period than those 'in effect' during the period of the MCE recipient's initial eligibility determinations.
- (C) Each redetermination includes reassessment of the recipient's eligibility for Medi-cal and CHIP. If upon redetermination, a recipient is determined ineligible the recipient shall be disenrolled from MCE and referred to the Placer County Medi-Cal office.
- (D) An MCE enrollee may apply for eligibility under Medi-Cal or CHIP at any time for any reason. Placer County will determine eligibility for Medi-Cal and refer applicants to CHIP. Individuals will be enrolled in programs for which they are found eligible.
- (E) At the time of redetermination the recipient shall complete a new Statement of Facts.
- (F) Placer County shall:
- (1) Complete the redetermination within the six months but not less than 12 months of the most recent of the following:
    - (a) Approval of eligibility on the application, reapplication, or restoration which required a Statement of Facts.
    - (b) Last determination.
  - (2) Inform the recipient in writing that income eligibility information, including tax information, will be obtained through IEVS.
  - (3) Verify information on the Statement of Facts.
  - (4) Send a Notice of Action if there is a change in the recipient's eligibility status.

**7. CASE RETENTION AND CONFIDENTIALITY**

- (A) Placer County MCE shall adhere to the requirements of Divisions 19 and 23, Manual of Policies and Procedures, Department of Social Services, governing:
- (1) Maintenance of case records.
  - (2) Confidentiality of case records.
  - (3) Safeguarding federal tax information.
  - (4) Access to case records.
- (B) Placer County may destroy :
- (1) Narrative portions of the case record which are over three (3) years old in any case file, active or inactive, after audit by Placer County Health and Human Services.

- (2) Case files which have remained in active for a period of three (3) years providing the California Social Services Department has not notified the Placer County Health and Human Services that unresolved issues pending civil or criminal actions exist.

## **8. ADMINISTRATIVE HEARINGS**

### **8.1 Introduction**

Any applicant for or recipient of services through the Placer County MCE Program who is dissatisfied with any action or inaction taken relating to an application for or receipt of services may request and obtain an administrative hearing. The following regulations shall be interpreted in a manner which protects the claimant's right to a fair hearing.

### **8.2 Definitions**

#### **8.2.1 Adequate Notice**

A clearly written statement of the intended action, the reason for the action, the specific regulations supporting the action, an explanation of the claimant's right to request a county hearing, and, if appropriate, the circumstances under which aid will continue if a hearing is requested.

#### **8.2.2 Administrator**

The administrator is the Placer County Health and Human Services.

#### **8.2.3 Authorized Representative**

Any individual or organization that the claimant has authorized to act for and represent the claimant in any and all aspects of the administrative hearing. If the claimant has designated an authorized representative, any references to the claimant shall also apply to the authorized representative unless otherwise stated.

#### **8.2.4 Claimant**

An applicant or recipient of MCE services who has requested an administrative hearing.

#### **8.2.5 County**

The Placer County Health and Human Services

#### **8.2.6 County Representative**

An employee who is assigned the major responsibility for preparing and presenting an administrative hearing case on behalf of the county.

#### **8.2.7 Hearing Representative**

A person whom the administrator designates to conduct administrative hearings and render decisions.

#### **8.2.8 Services**

Any medical or dental treatment, medication or ancillary procedures which MCE provides to eligible recipients.

#### **8.2.9 Timely Notice**

A form of notice which meets the requirements of 'Adequate Notice' and is mailed to the person affected at least ten (10) calendar days prior to the effective date of the action.

### **8.3 Right to an Administrative Hearing**

**8.3.1** The county shall advise an applicant or recipient in writing of the right to request an administrative hearing by providing an administrative hearing form on the reverse side of all MCE notices of action.

- 8.3.2** The county shall also advise an applicant or recipient in writing of the right to request an administrative hearing by posting that information in a conspicuous place in all waiting rooms of the MCE clinics including those in Auburn and Tahoe City, and any other county operated medical facility
- 8.3.3** An administrative hearing is available to an applicant who is dissatisfied with a county action concerning eligibility or the scope of benefits or when a service which requires prior authorization is denied or modified.
- 8.3.4** An applicant or recipient or his/her authorized representative may submit a written or oral request for an administrative hearing up to 45 days after receipt of notice describing the county action. In the event an oral request is made, it shall be valid only upon filing a written request within five (5) working days of the oral request. The effective date of the request shall be the date of the oral request. If the applicant or recipient was never mailed notice he/she must submit the request within 45 days from the date he/she knew about the action.
- 8.3.5** A request for an administrative hearing consists of an expression by the applicant, recipient or authorized representative that the applicant or recipient wants to present his/her case for review. An applicant or recipient may submit an oral or written administrative hearing request in any form. The request shall identify the reason for dissatisfaction with the particular action or inaction involved in the case; provided that this requirement shall not be construed in any manner as limiting the claimant's right to an administrative hearing. The county shall encourage applicants and recipients to use the administrative hearing request form located on the reverse side of the notice of action. An oral notice shall only be valid if followed by a written request as described in 8.3.4. In addition to all other notice requirements, the notice shall inform the applicant or recipient of the address to which he/she can mail the administrative hearing request. If an interpreter is necessary or due to an extreme physical incapacity, as determined by the Placer County MCE medical administrator, a home administrative hearing is necessary, provision shall be made for the applicant or recipient to so request on the administrative hearing request form.
- 8.3.6** An administrative hearing request is timely:
- (A) If within the 45 days from the date of receipt of the notice, the claimant makes an oral request or hand delivers a written request to an employee of Placer County MCE; or
  - (B) If a written request is postmarked within 45 days from the date the notice was mailed plus five (5) days for mailing.

#### **8.4 Timely and Adequate Notice**

- 8.4.1** The county shall give adequate notice to an applicant when eligibility is granted or denied. The notice may be mailed or delivered in person.
- 8.4.2** The county will give timely and adequate notice in cases where a recipient becomes ineligible prior to the end of the certification period. Notice shall be given by mail to the person affected at least ten (10) days prior to the effective date of ineligibility.
- 8.4.3** The county shall give adequate notice to a recipient and the requesting provider in cases where a service which requires prior authorization is denied or modified. Notice shall be given to the recipient by mail no later than five (5) days after the authorization request has been received by the county.

#### **8.5 Aid Paid Pending an Administrative Hearing**

In the case where a recipient is entitled to timely and adequate notice as set forth in 8.4.2 concerning ineligibility aid may be paid pending an administrative hearing. In order to receive such aid, the recipient must request an administrative hearing in accordance to procedures specified herein prior to the effective date of ineligibility. If the administrative hearing is properly

requested, services shall be continued pending the administrative hearing in the amount and scope that the recipient would have received had the county not determined the recipient to be ineligible.

## **8.6 Authorized Representative**

- 8.6.1** The claimant may authorize a representative to represent him/her at the administrative hearing by signing a written statement to that effect or by stating at the hearing that the representative is so authorized. The authorization may be limited in scope or duration by the claimant and may be revoked at any time.
- 8.6.2** If the claimant has not authorized the representative in writing and is not present at the administrative hearing, the person may be recognized as the authorized representative if, at the administrative hearing, the person swears or affirms under penalty of perjury that the claimant has so authorized him/her to act as the claimant's authorized representative, and the hearing officer further determines the person is so authorized. The hearing officer may make the determination by contacting a collateral source (I.E., the claimant). In all such cases a written authorization must be submitted after the hearing.
- 8.6.3** After a person or organization has been authorized to represent the claimant, the county, after the authorization, shall simultaneously send copies to the authorized representative of any subsequent correspondence that it has with the claimant regarding the county administrative hearing.

## **8.7 County Responsibility Prior to the Administrative Hearing**

- 8.7.1** The county shall provide a full and impartial hearing to the claimant. The county shall make available specific policy and regulation materials to the claimant upon the claimant's request.
- 8.7.2** The administrator shall appoint a representative who shall be responsible for preparing the county's position. In addition, upon receipt of the administrative hearing request the county representative shall:
- (A) Determine upon receipt of the hearing request whether the claimant is entitled to aid paid pending the administrative hearing; if the claimant is so entitled, continuation of aid shall be authorized immediately; and
  - (B) Determine the issues raised by the administrative hearing request; and
  - (C) Contact the claimant for clarification if the basis for the appeal is not fully set forth, but the county shall not deny a fair administrative hearing solely on the ground that the administrative hearing request does not clearly state the basis for appeal; and
  - (D) After determining the issues, review the application policies and regulations in light of the evidence which exists in the case record; and
  - (E) Contact other county personnel connected with the action leading to the administrative hearing request; and
  - (F) Make a determination concerning the appropriateness of the county action; and
  - (G) If the county representative determines that the county action was incorrect, he/she shall so advise the claimant and then withdraw the notice of action; and
  - (H) If the county representative determines that the county action was correct, he/she shall contact the claimant and: 1) Inquire if the claimant plans to attend the administrative hearing; 2) Determine if there are any further contentions the claimant will raise at the administrative hearing.
  - (I) Under no circumstances shall the county representative discourage the claimant from proceeding with the appeal.
- 8.7.3** Prior to each administrative hearing, the county representative shall prepare a typewritten position statement. The position statement shall summarize the facts of the case and set forth the regulatory justification for the county's action. The county shall include attachments to the position statement copies of documentary evidence and a list of witnesses which the county intends to use during the administrative hearing. The documents shall be itemized on the last page of the position statement and attached as

exhibits. The county representative shall make the position statement available to the claimant and his/her authorized representative at least two (2) days prior to the administrative hearing.

- 8.7.4** While preparing for the administrative hearing, the county representative shall determine if the presence of the eligibility worker or other county witnesses would be helpful for the resolution of the issue. However, if the claimant requests the presence of the eligibility worker or any other witnesses on whom the county has relied in taking action, the county representative shall arrange for the attendance of those persons.
- 8.7.5** The county representative shall determine if an interpreter will be necessary at the administrative hearing or if a home administrative hearing will be necessary. However, if the claimant has requested an interpreter or home administrative hearing, the county representative shall make the appropriate arrangements with the assistance of the claimant.

## **8.8 The Administrative Hearing**

- 8.8.1** At the administrative hearing the county representative shall assume full responsibility for having the county case record available at the administrative hearing and for presentation of the county's position. In addition, the county representative shall have the authority at the administrative hearing to make binding agreements and stipulations on behalf Placer County MCE.
- 8.8.2** The administrator shall designate an administrative hearing officer who will be charged with the administration of the administrative hearing. The administrative hearings officer must be an impartial party and shall not have in any way been connected with previous actions or decisions in the case. The administrative hearings officer shall conduct the administrative hearing as specified in this section.
- 8.8.3** When the claimant has raised medical issues in the administrative hearing request, the administrator shall appoint as a medical advisor a physician with medical expertise appropriate for rendering a decision on the medical issues raised at the administrative hearing.
- 8.8.4** An administrative hearing officer shall voluntarily disqualify himself/herself and withdraw from any proceeding in which he/she cannot give a fair and impartial administrative hearing or which he/she has an interest.
- 8.8.5** The administrative hearing officer shall schedule administrative hearings to take place not less than twenty (20) days and not more than thirty (30) days from the date of the administrative hearing request, with the exception of cases where the recipient is receiving aid paid pending the administrative hearing. In such cases, if the recipient waives aid paid pending the administrative hearing, it shall take place not less than twenty (20) days or more than thirty (30) days from the date of the request. If aid is paid pending the administrative hearing, the county shall have the opportunity to have the administrative hearing take place not less than seven (7) days of the request for the same.
- 8.8.6** Postponements and continuances for additional evidence shall be governed by MMP Chapter 22.053.
- 8.8.7** The administrative hearing shall be conducted in an impartial manner. All testimony shall be submitted under oath, affirmation or penalty of perjury. The proceedings shall be reported by tape recorder or otherwise perpetuated by mechanical, electrical or other means capable of reproduction or transcription.
- 8.8.8** The county shall provide an interpreter if, prior to the administrative hearing, the claimant or his/her authorized representative or the county representative requests an interpreter, or if at the administrative hearing, the administrative hearing officer determines that an interpreter is necessary. At the request of the county, the claimant shall assist in obtaining an interpreter.
- 8.8.9** The rights of the claimant and his/her representative at the administrative hearing shall include the right to:
  - (A) Appear in person before the administrative hearing officer who will render the decision in the case;



- (B) Examine parties and witnesses;
  - (C) Introduce evidence.
  - (E) Examine all documents prior to and during the administrative hearing.
  - (F) Present oral or written argument; and
  - (G) Rebut any evidence the county submits.
- 8.8.10** The administrative hearing officer shall render the county's decision in writing within:
- (A) Not more than five (5) working days following the hearing date when the claimant is not receiving the aid or services at issue pending the administrative hearing decision. However, if in such cases the administrative hearing officer determines the decision will be favorable to the claimant, he/she shall notify the claimant and the county orally within three (3) working days after the administrative hearing, and the claimant shall receive the written decision within five (5) working days after the administrative hearing.
  - (B) Not more than thirty (30) days following the administrative hearing date when the claimant is receiving the aid or services at issue pending the administrative hearing decision.
- 8.8.11** The written decision shall contain a summary of facts, a decision on each issue properly before the administrative hearing officer which is relevant to the subject action as specified in the appeal and shall identify the policy or law supporting the decision. The written decision shall also explain the claimant's further appeal rights if he/she is dissatisfied with the decision.
- 8.8.12** If for any reason the claimant is dissatisfied with the oral or written administrative hearing decision, he/she may request further review of the decision by submitting the request in writing to the administrator. The claimant may, but is not required to, include a discussion of the facts and laws supporting the request for review. The claimant must request review by the administrator within thirty (30) days from the date of the administrative hearing decision. Upon requesting review by administrator, the claimant may submit any additional evidence in support of his/her position if that evidence was unavailable at the time of the administrative hearing. The administrator shall within ten (10) days from receipt of the request for review, issue a written decision on each issue raised in the request and identify the policy or law supporting the decision. The decision shall also advise the claimant of the right to seek State review of the decision and that the appeal must be filed within ninety (90) days.
- 8.8.13** If any filing deadline described in these procedures falls on a weekend or holiday, the time for filing an administrative hearing request or appeal request shall be extended to the next working day following the deadline.

## **8.9 State Administrative Hearing - Appeal**

- 8.9.1** If the claimant is dissatisfied with the decision of the administrator, he/she may seek State review of the decision. The claimant must file such appeal with the State within ninety (90) days from the date of the decision of the administrator.
- 8.9.2** Right to State Hearing
- (A) Applicants or recipients shall have the right to a State administrative hearing if dissatisfied with any action or inaction of the county department or any other organization acting on behalf of the county relating to Placer County MCE services. There is no right to a State administrative hearing where the sole issue is the application of a State or federal law and both of the following conditions are met:
    - (1) The applicant or recipient does not question that the State or federal law has been correctly applied.
    - (2) The State or federal law requires reduction in Placer County MCE entitlement for some or all recipients.
  - (B) The right to a State administrative hearing shall be governed by the provisions of Section 10950 through 10965, Welfare and Institutions Code.
- 8.9.3** State Hearing Procedures
- (A) Fair hearings under the provision of the statute specified in Section 50951(b) of the Medi-Cal Eligibility Manual shall be conducted in accordance with the regulations and

procedures of the Department of Social Services (DSS), unless otherwise specified in these regulations. Department of Health Care Services (DHCS) regulations shall prevail over DSS regulations in the circumstance of a State administrative hearing related to termination or reduction of medical services in accordance with Sections 51014.1 and 51014.2.

- (B) Fair hearing procedures and representation of the administrative hearing shall be the responsibility of the:
  - (1) County of those State administrative hearings in which the issue involves county action or inaction.
  - (2) Department for those State administrative hearings in which the issue involves Department action or inaction.
  - (3) Both the county and the Department for those State administrative hearings in which the issue involves action or inaction by both the county and the Department.
- (C) The director may develop an agreement with any other agency to perform the State administrative hearings. The Department shall retain sole authority for decision-making on Placer County MCE issues.
  - (1) Each proposed decision involving Placer County MCE issues shall be submitted to the Department for action. Substantive review for the conformity of the proposed decision to the Department's regulations and policies shall be the sole responsibility of the director. The director shall take action on the proposed decision within thirty (30) days following the actual receipt by the Department.
  - (2) All requests for an administrative hearing or reconsideration of cases involving Placer County MCE shall be acted upon by the director. The director shall grant or deny the request no earlier than five (5), no later than fifteen (15) working days after the request is actually received by the Department. If action is not taken by the director within this period, the request for rehearing shall be deemed denied.

**8.9.4 Fair Hearing – Assistance in Filing.**

The county department shall assist the applicant or recipient in filing a request for a fair hearing, if the applicant or recipient requests such assistance.